

CASE REPORT

Effect of Ayurvedic Drugs on Scalp Psoriasis (Kitibha Kustha)

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HOW TO CITE THIS ARTICLE:

Shashi Gupta, Atul Kumar, Nitanshi Gupta. Effect of Ayurvedic Drugs on Scalp Psoriasis (Kitibha Kustha). Ind J Anct Med Yoga. 2026; 19(2): 107-115.

ABSTRACT

Psoriasis is a prolonged immune mediated skin ailment, categorized by erythematous, scaly plaques prime affecting the elbows, knees, scalp, and trunk. Distressing approximately 0.5% to 3% of the global population, psoriasis has a noteworthy impact on quality of life and associated with numerous comorbidities including psoriatic arthritis, cardiovascular disease, and depression. The condition arises from a complex interaction between genetic susceptibility, environmental triggers and immune system regulation.

Here is a case 62 year old male patient who reported to the outpatient department with complaints of frequent itching, scaling and erythematous patches over the scalp for the last eight years with erratic exacerbations during winter season. The patient also complained of occasional oozing, tenderness and psychological distress due to constant irritation and visible scaling over hair and shoulders. In ayurveda it can be correlated to Kitibha kustha. This case highlights the long-lasting relapsing nature of scalp psoriasis and emphasis.

No significant family history of psoriasis was noted. On clinical examination, multiple erythematous, well-demarcated plaques covered with thick, adherent, silvery-white scales were observed over the parietal, frontal, and occipital regions of the scalp. Differential diagnoses considered were seborrheic dermatitis, tinea capitis, and lichen simplex chronicus. However, based on classical clinical findings and diagnostic criteria, a final diagnosis of scalp psoriasis was made. This case highlights the chronic, relapsing nature of scalp psoriasis and emphasizes the need for classical ayurvedic management approaches to control symptoms, improve

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➤ Received: 18-12-2025 ➤ Accepted: 21-01-2026



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cosmetic acceptability, and enhance quality of life in geriatric patients. Early recognition, differential diagnosis, and patient-centred holistic care are crucial for long-term management.

KEYWORDS

• Charma roga • Erythematous plaque • Kitibha Kustha • Psoriasis • Scaling

INTRODUCTION

Psoriasis is a prolonged, immune-mediated, inflammatory skin disease with universal pervasiveness vacillating from 0.5% to 3% of the overall population. Among its innumerable clinical presentations, scalp psoriasis is one of the most communal and distressing manifestations, affecting up to 80% of psoriatic patients at some point during their generation. It is characterized by erythematous plaques with dense, adherent, silvery-white scales primarily confined on the scalp. The condition is frequently concomitant with pruritus, irritation, burning sensation, and cosmetic mutilation, which severely impact the patient's social and psychological well-being.¹

Scalp psoriasis may occur as an inaccessible involvement or as part of generalized psoriasis vulgaris. The precise etiology is multifactorial and involves a complex interaction between genetic predisposition, immune deregulations, and environmental triggers. Immunologically, there is excessive spread of keratinocytes due to abnormal T-cell mediated immune response, leading to hyperkeratosis and scaling. Ecological factors such as stress, seasonal variations (especially winter aggravation), infections, and certain medications like beta-blockers and NSAIDs may precipitate or exacerbate the disease.²

The disease has a chronic deteriorating course, with periods of exacerbation and remission, posing challenges in long-term management. Importantly, though not life-threatening, scalp psoriasis greatly reduces the patient's quality of life due to its conspicuousness and allied stigma. According to classical Charaka Samhita and Sushruta Samhita, the causes of kushta include Consumption of incompatible foods (Viruddha Ahara); Excessive fasting and starvation; Dry, cold, and light diet; Excessive physical exertion; Psychological stress or grief; Poor hygiene; Vega dharana (suppression of natural urges).³

In Ayurveda, scalp psoriasis can be allied with Kitibha Kustha, a variety of Kshudra Kustha, characterized by discoloration (syava varna), severe itching (kandu), and thickened, scaly lesions (parushata). Ayurvedic supervision focuses on harmonizing the vitiated doshas (primarily Vata and Kapha), blood purification (rakta shodhana), external solicitations (lepa, taila), dietary amendments (ahara) and lifestyle rectifications (vihara). Ayurvedic values may yield enhanced symptomatic reprieve and mend eminence of life.

The present case of a 62-year-old male with long-lasting scalp psoriasis is reported to highlight the classical clinical features, diagnostic approach, differential considerations, and classical ayurvedic management strategies. The case also highlights the importance of early acknowledgment and holistic treatment to prevent complications and augment the patient's physical and mental well-being. The ayurvedic approach to managing Vata kapha kushta is holistic, targeting the root cause and balancing Vata and kapha doshas through palliative therapy such as herbal formulation of Arogywardhani vati, Psorakot tablet, Rasmanikya, Khadirarista, Panchtikta ghrita and local treatment medicated oils such as 777 oil and psorakot

MATERIAL AND METHODS

Case Report-Patient Information

A 62-year-old male patient, resident of a semi-urban area, presented to the outpatient department of OPD number 6, Rajkiya Ayurvedic Chikitsalaya and Mahavidyalaya, Chaukaghat, Varanasi (14/708) with chief complaints of persistent itching, scaling, and reddish patches over the scalp for the past 8 years. The symptoms were insidious in onset and gradually progressive in nature, with intermittent exacerbations, particularly during the winter season. The patient reported that the itching was persistent, often leading to scratching and mild oozing from the affected

areas. White flakes and thick scales falling over shoulders and clothes caused noteworthy cosmetic concern and social embarrassment. The patient also described occasional burning sensation and tenderness over the lesions. There was no history of similar skin lesions elsewhere on the body, though mild dryness was noted on elbows. The patient denied any history of fever, joint pain, weight loss, or systemic illness related to skin lesions.

***Past Medical History:** No history of HTN, diabetes mellitus, tuberculosis, or major systemic illness was noted.

***Family History:** No family history of psoriasis, autoimmune disorders, or chronic dermatological conditions was reported.

***Personal and Social History:** The patient is a farmer, non-smoker, and consumes alcohol seldom. Sleep disturbance due to constant itching and psychological stress due to visible flakes were reported. Dietary history revealed frequent intake of spicy and oily food, irregular meal timings, and inadequate water consumption.

***Allergic/Drug History:** No known drug allergy or history of long-term steroid use.

***Psychological Impact:** The patient expressed feelings of embarrassment, irritability, and low confidence due to visible flakes on clothing and social stigma associated with scalp lesions.

Clinical Findings:

1. General conditions

On general examination, the patient was moderately built, conscious, oriented to time, place, and person, and cooperative during history taking. Vitals were stable with blood pressure 128/82 mm hg, pulse 78/min, respiratory rate 18/min, and temperature normal. No pallor, cyanosis, icterus, clubbing, lymphadenopathy, or pedal edema was observed.

2. Local conditions

On local examination of the scalp, the following findings were noted:

Lesions: Multiple well-demarcated erythematous plaques were observed over the frontal, parietal, and occipital regions of the scalp.

#Scales: Lesions were covered with thick, adherent, silvery-white scales, difficult to remove without causing pinpoint bleeding.

#Auspitz Sign: Positive - removal of scales revealed punctate bleeding spots.

#Koebner Phenomenon: Positive - history of development of new lesions at sites of trauma (scratching).

#Distribution: Lesions were localized to the scalp, with extension beyond the hairline in frontal and retroauricular areas.

#Associated findings: Mild oozing and crust formation at some sites due to constant scratching. No signs of secondary bacterial infection were evident at the time of examination.

#Nails & Skin elsewhere: No nail pitting, onycholysis, or dystrophy was seen. Skin on elbows and knees showed mild dryness but no psoriatic plaques.

#Mucosa & Joints: Oral mucosa normal; no evidence of psoriatic arthritis on joint examination. **#Systemic Examination:** Respiratory, cardiovascular, abdominal, and neurological examinations revealed no abnormality.

Timeline

#8 years ago: Patient first noticed mild itching and small scaly patches over the occipital scalp. Symptoms were ignored initially as simple dandruff.

#6 years ago: Lesions gradually increased in size and number, with persistent white flakes and itching. Patient used over-the-counter anti-dandruff shampoos with only temporary relief.

#4 years ago: Symptoms worsened during winter season with intense itching and thick scaling. Patient consulted a local physician and was prescribed topical antifungal shampoo and antihistamines, but no significant improvement was noted.

#3 years ago: Development of thick, adherent silvery scales over the frontal and parietal region of scalp. Occasional oozing and redness after scratching. Patient reported embarrassment due to visible flakes on clothing.

#2 years ago: Patient consulted a dermatologist and was clinically diagnosed as scalp psoriasis. Topical corticosteroids and keratolytic shampoos were advised, leading to temporary improvement. However, lesions recurred after discontinuation of medication.

1 year ago: Symptoms became more chronic with frequent relapses. Patient also experienced sleep disturbance and psychological stress due to constant itching. Ayurvedic treatment was sought at times (medicated oils, shiro-abhyanga), which gave partial symptomatic relief.

#Present (Current Visit): Patient presents with multiple well-demarcated erythematous plaques covered with thick, silvery-white scales involving frontal, parietal, and occipital scalp regions. Complaints of persistent itching, flaking, and cosmetic distress. No systemic involvement noted.

Diagnosis

The diagnosis is primarily clinical based on the appearance and distribution of erythematous plaques. However, other conditions must be ruled out such as:

- Seborrheic Dermatitis - Often presents with scalp scaling, but lesions are typically greasy, poorly demarcated and less erythematous. The chronic relapsing nature and silvery scales in this case favor psoriasis.
- Tinea Capitis - Fungal infection, causing scaling and hair loss. KOH amount was negative and hair shafts were intact.
- Lichen Simplex Chronicus - Characterized by thickened plaques due to scratching, usually localized; in this case, multiple well-demarcated plaques.
- Pityriasis Amiantacea - Characterized by thick, adherent scales, often secondary to underlying psoriasis or seborrheic dermatitis; ruled out as this case had primary psoriatic features.

This condition corresponds to “Kitibha Kustha”, characterised by thick scaly lesions, intense itching (kandu), and reddish discolouration (rakta varna) of the affected area, primarily caused by vitiation of Vata-Kapha dosha and Rakta dhatu imbalance.

Assessment Criteria:

The outcome of the medication was assessed with periodic follow up of the case. The changes in the subjective parameters were evaluated with special grading scale. (Table 1 and Figure 1)

Table 1: Assessment Parameters

Parameters	Days				
	0 th day	14 th day	28 th day	42 nd day	56 th day
Erythema (Redness)	4	3	2	1	0
Scaling / Hyperkeratosis	4	3	2	1	0
Induration	4	3	2	1	0
Itching	4	3	2	1	0
Pain/Burning sensation	4	3	2	1	0
Mean severity	4	3	2	1	0
Functional limitations	2	2	1	1	0

Therapeutic intervention:

The patient was managed exclusively with Ayurvedic medicines and local application treatment was initiated on day one and continued with the regular follow-up assessment on the day 14, day 28, day 42, and day 56. The patient was advised to take Psorakot tablet one twice a day after meal, Psorakot gel apply twice a day, Panchtikta ghrita 10 gm BD after meal, Arogywardhani vati 2 BD after meal, Rasmanikya 60 mg BD after meal and Khadirarista 15 ml BD after meal with mix with 15 ml water and the topical application of 777oil twice a day.

The regiment aimed at Doshas shamana with Vata kapha pacification and Rakta shodhana. Regular advice was given, including avoidance of excessive salty, sour, fermented and oily food, while encouraging intake of light and easily digestible ahara. Stress management, Dinacharya regulation, and scalp hygiene were also emphasized.

Dietary Modifications (Ahara)

Exclude spicy, oily, fermented, and junk food. Indulgence, light, easily digestible, and warm food.

Escalation intake of fresh fruits, green vegetables, and adequate hydration.

Lifestyle Modifications (Vihara)

Regular scalp hygiene and gentle hair care. Stress management through meditation, pranayama, and mild yoga. Adequate sleep and avoidance of excessive sun exposure.

OBSERVATION AND RESULTS

The condition was assessed every 14 days up to 56th days. Photographs were taken on visit. The patient report severe discomfort, sleep

disturbance, and social embarrassment, but with the continued treatment, therapy, dietary adjustment and stress management, there is a slight relief in itching and some reduction in the scaling but erythema resistant. After 28 days, noticeable reduction in flakes, itching manageable and patient feel more comfortable socially, when the therapy continued, Patient report has significant improvement in itching and minimal scaling and psychosocial confidence has been improved.

DISCUSSION

Scalp psoriasis is a chronic inflammatory disorder correlated with Kitibha Kustha in Ayurveda, involving vitiation of Vata and Kapha dosha with Twaka, Rakta, Mamsa, and

Lasika dushya. The present case of 62-year-old male showed classical features of thick scaling, itching, and erythematous plaques. Ayurvedic management with Panchatikta ghrita, Arogyavardhini vati, rasamanikya, khadirarista, psorakot tablet and cream and external application of medicated oils led to significant improvement within 21 days. This case highlights the efficacy of Ayurvedic intervention in reducing symptoms and improving quality of life, providing a safe and holistic alternative for chronic scalp psoriasis.

1. Psorakot tablet (Table 2)

The herbs collectively are said to help reduce inflammation, itching, scaling, and purify blood/ skin (rakta/twaka dosh).

Key ingredients and their Actions:

Table 2:

Ingredients	Actions	Rasa, Virya, Vipaka
Patola ⁴ (<i>Trichosanthes lobata</i>)	Balances kapha & pitta doshas, improves digestion and metabolism, treating skin disease, purifies blood	Tikta, Kashaya, Ushna, Katu
Katurohini ⁵ (<i>Picrorhiza Scrophulariiflora</i>)	Helpful in skin diseases, purifies blood, remove toxins, mild laxative	Tikta, Sheeta, Katu
Guduchi ⁶ (<i>Tinospora cordifolia</i>)	Balances Vata dosha, boost overall immunity, helpful in liver and skin disorder, reduces kapha	Tikta, Madhura, Ushna, Madhura
Patha ⁷ (<i>Cyclea peltata</i>)	Balances, Kapha and Vata, purifies blood, support heart & nervous system, anti-parasitic, anti-microbial	Tikta, Kashaya, Ushna, Uatu
Jiraka ⁸ (<i>Cuminum cyminum</i>)	Stimulates digestive fire, digest toxins, mild diuretic, purify blood	Madhura, Tikta, Katu, Ushna, Katu
Chandana ⁹ (<i>Santalum album</i>)	Cools the body reduces internal heat, balances pitta dosha, blood purify used in acne eczema	Madhura, Tikta, Sheeta, Madhura

2. Arogywardhani vati – Table 3

Key ingredients and their actions:

Ingredients Actions Rasa, Virya, Vipaka

Table 3:

Katuki ¹⁰ (<i>Picrorhiza kurroa</i>)	Liver stimulant, purgative, pitta kapha balance	Tikta, Ushna, Katu
Shuddha parada & gandhak ¹¹ (purified, mercury, and sulphur)	Rasayana, detoxifier, enhances efficacy	Katu, Ushna, Katu
Tamra bhasma ¹² (copper ash)	Treat liver and cholesterol disorders	Katu, Ushna, Katu
Abhraka Bhasma ¹³ (mica ash)	Strengthen metabolism and immunity	Madhura, Katu, Tikta, Ushna, Madhura
Triphala ¹⁴ & Trikatu ¹⁵	Improves digestion and absorption	Tikta, Kashaya, Sheeta, Madhura
Shilajita ¹⁶	Rejuvenating, anti-aging, balances all doshas	Katu, Tikta, Kashaya, Ushna, Katu
Neem ¹⁷ , Haritaki ¹⁸ , Chitraka ¹⁹	Blood purifying anti-inflammatory	Tikta, Katu, Ushna, Katu

3. KHADIRARISTA – Table 4

Key ingredients and their actions:

Ingredients Actions Rasa, Virya, Vipaka

Table 4:

Khadira ²⁰ (<i>Acacia catechu</i>)	Main herb, detoxifying and anti-inflammatory	Kashaya, Tikta, Sheeta, Katu
Triphala ¹⁴	Antioxidant and rejuvenating	Tikta, Kashaya, Sheeta, Madhura
Daruharidra ²¹ (<i>Berberis aristata</i>)	Anti microbial and anti-inflammatory	Tikta, Katu, Sheeta, Katu
Lodhra ²² (<i>Symplocos racemosa</i>)	Blood purifier, strength promoting Vata kapha pacifying support uterine Health	Kashaya, Sheeta, Kashaya
Dhataki ²³ (<i>Woodfordia fruticosa</i>)	Regenerates tissue, control bleeding, uterine health, pacify vata pitta	Kashaya, Madhura, Sheeta, Madhura

4. PSORAKOT GEL – Table 5

Psorakot Gel is an Ayurvedic topical formulation commonly used for managing psoriasis, eczema, and other skin disorders.

Key ingredients and their actions:

Ingredients Actions Rasa, Virya, Vipak

Table 5:

Indra jau ²⁴ (<i>Wrightia tinctoria</i>)	Specifically effect effective in Kushtaroga, itching and microbial conditions	Tikta, Sheeta, Katu
Neem ¹⁷ (<i>Azadirachta indica</i>)	Destroy microbes and parasite, relieves itching and alleviates skin disease	Tikta, Kashaya, Sheeta, Katu
<i>Cocos nucifera</i> ²⁵	Strengthen the body, enhances complexion and pacify pitta	Madhura, Sheeta, Madhura
Gel	To absorb easily in skin, lubrication	
Perfume base	For fragrance	
Preservatives	to preserve the gel from decompose	Methyl Paraben sodium & Propyl Paraben Sodium

5. PANCHTIKTA GHRITA – Table 6

It is mainly used for blood purification, skin disorders, liver disorders, and chronic fevers.

Key ingredients and their actions:

Ingredients Actions Rasa, Virya, Vipak

Table 6:

Nimba ¹⁷ (<i>Azadirachta indica</i>)	Destroys microbes & parasites relieves itching	Tikta, Kashaya, Sheeta, Katu
Guduchi ⁶ (<i>Tinospora cordifolia</i>)	Immuno modulator rejuvenative detoxifying	Tikta, Madhura, Ushna, Madhura
Vasa ²⁶ (<i>Adhatoda vasica</i>)	Anti-inflammatory, blood purifier	Madhura, Sheeta, Madhura
Patola ⁴ (<i>Trichosanthes dioica</i>)	Antipruritic remove toxins from blood	Tikta, Kashaya, Ushna, Katu
Kantakari ²⁷ (<i>Solanum surrattense</i>)	Stimulates digestion, helps in detoxification, balance excessive mucus	Tikta, Katu, Ushna, Katu

RASMANIKYA – Table 7

Rasamanikya is a processed arsenical compound (Orpiment – As₂S₃) used in Rasa Shastra. It is considered highly potent and fast-

acting in detoxifying the body and managing chronic diseases. Traditionally used for skin disorders, liver disorders, and certain chronic fevers.

Key ingredients and their actions:

Ingredients Actions Rasa, Virya, Vipak

Table 7:

Haratal ²⁶ (Arsenic trisulphide)	Reduces itching, scaling, inflammation, promotes healing, nerve stimulant	Katu, Tikta, Ushna, Katu
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1. 777 oil - Table 8

It is formulated using a unique extraction process that combines the medicinal properties of *Wrightia tinctoria* with the emollient benefits of coconut oil.

Key ingredients and their actions:

Ingredients Actions Rasa, Virya, Vipak

Table 8

<i>Wrightia tinctoria</i> ²⁴	Reduces itching, psoriatic scaling, moisturizes the skin, alleviating dryness & discomfort	Tikta, Sheeta, Katu
Coconut oil ²⁵	Lubricates tissue, promote wound healing, moisturizes skin	Madhura, Sheeta, Madhura



Figure 1

CONCLUSION

The present case of a 62-year-old male patient anguish from long-lasting scalp psoriasis was achieved successfully with an elite Ayurvedic therapeutic regimen. The treatment protocol consisting of oral medications (Psorakit tablet, Khadirarista, Panchtikta Ghrita, Arogyavardhini Vati, Rasmanikya) and local applications (Psorakot gel and 777 oil) showed notable improvement in key symptoms such as itching (Kandu), scaling (Rukshata), and erythema (Rakta Varna) over a period of 8 weeks.

The Ayurvedic principle of addressing the basic dosha imbalance (Vata-Kapha) and Rakta Dushti through Raktashodhana, Deepana-Pachana, Kandughna, and Kushtaghna therapies proved effective. Regular follow-up demonstrated gradual but consistent reduction in symptom rigorosity, improved quality of life, and enriched psychosocial confidence of the patient. This case highlights those Ayurvedic interventions, when administered with proper selection of preparations, pathya-apathya guidance, and regular monitoring, can offer safe, sustainable, and effective management in chronic scalp psoriasis. It also suggests the need for further clinical studies with larger patient samples to establish standardized Ayurvedic protocols for psoriasis management.

Conflict of Interest: None

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